



Department of Regulatory and Economic Resources

Business Affairs

Consumer Protection

601 NW 1st Court, 18th Floor

Miami, Florida 33136

Tel: 786-469-2300



Fax: 786-469-2311



email: license@miamidade.gov

APPLICATION FOR WATER REMETERING REMETERER REGISTRATION

Application Type: Check one of the following:

☐ Initial

☐ Renewal

☐ 2yr Renewal

TYPE OF OWNERSHIP: Check one of the following:

☐ Corporation

☐ Sole Proprietor

☐ Fictitious Name

☐ Other _____

Date of Inc: ____-____-____

D.O.B: ____-____-____

D.O.B.: ____-____-____

Check one of the following:

Who is responsible for having the submeters installed?

☐ Remeterer

☐ Property Owner

BUSINESS INFORMATION:

1. Company Name: _____
2. D/B/A: _____
3. Address : _____
4. Mailing Address: _____
5. Phone Number: _____ Fax Number: _____ Cell Number _____
6. Email Address: _____ County Remeterer Number: _____
7. Federal Tax Identification Number (FEID#): _____

OWNER/OFFICER INFORMATION: (Please attach a separate paper for additional owners/officers)

Owner/Officer Name: _____

Position: _____

Date of Birth: _____

Address & Zip Code _____

Owner/Officer Name: _____

Position: _____

Date of Birth: _____

Address & Zip Code _____

Owner/Officer Name: _____

Position: _____

Date of Birth: _____

Address & Zip Code _____

Owner/Officer Name: _____

Position: _____

Date of Birth: _____

Address & Zip Code _____

Please answer yes or no to the following questions:

- Yes ☐ No ☐** Do you, or any partner(s), corporate officer(s) , as applicable, ever failed to comply with the terms of a cease and desist order, notice to correct a violation, written assurance of compliance, or any other lawful order of the Miami-Dade County Consumer Protection Division with regard to Water-Remetering?
If yes, please provide details on a separate sheet.
- Yes ☐ No ☐** Do you, or any partner(s) or corporate officer(s), or stockholder(s) as applicable, owe money to Miami-Dade County, Florida either individually or through any other business, as a result of the following: unpaid civil enforcement, testing or monitoring costs; or unpaid liens? *If yes, please provide details on a separate sheet.*

I, _____, the undersigned, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true and complete. I will abide by the provisions of the Code of Miami-Dade County and all other applicable laws. I understand that civil penalties may be imposed for violations of the Miami-Dade County Code. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a Water Remetering Registration. **I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.**

APPLICANT SIGNATURE

DATE

Complete the following checklist including those items attached or enclosed with this application:

- | | |
|---|---|
| <input type="checkbox"/> <u>Completed Application</u> | <input type="checkbox"/> <u>County Local Business Tax Receipt</u> |
| <input type="checkbox"/> <u>License Fees(See Attachment)</u> | <input type="checkbox"/> <u>Certificate of Competency as registered/certified plumber</u> |
| <input type="checkbox"/> <u>Comprehensive General Liability (Minimum \$300,000)</u> | <input type="checkbox"/> <u>Copy of Owner's Drivers License</u> |
| <input type="checkbox"/> <u>List of Properties you serve in Miami-Dade County to include property name Service address, contact person, and telephone number.</u> | |

Workers' Compensation Coverage
Cobertura del seguro de accidentes de trabajo

The following have been enclosed (Check One):

Lo siguiente ha sido incluido (Marque uno):

☐ Workers' Compensation Certificate of Insurance; or
Certificado de seguro de accidentes de trabajo; o

☐ State of Florida Certificate of Exemption; or
Certificado de exención del Estado de la Florida; o

☐ Letter affirming that Workers' Compensation Insurance is not required by law
(You may use the form below)
Carta de declaración de que las leyes no requieren el seguro de accidentes de trabajo
(Puede utilizar el formulario que consta a continuación)

Letter affirming Workers' Compensation Insurance not required by Florida law

Under penalties of perjury, I, _____, as (Circle One) Individual Owner/General Partner/Officer or Director, Hereby affirm that under Section 440 of the Florida Statutes and other applicable Florida laws, The Business known as: _____ is not required to carry Workers' Compensation Insurance for the following reasons: _____

Signature

Date